



Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Anthem Blue Cross and Blue Shield (Anthem) extra benefits

2021 IHCP Works Seminar



Agenda

- **Provider Incentives**
 - Smoking Cessation
 - Notification of Pregnancy (NOP)
 - Screening Brief Intervention Referral to Treatment (SBIRT)
 - Health Needs Screening (HNS)
- **Maternal Health Benefits**
 - New Baby, New LifeSM
 - Breastfeeding Support Tools and Services
 - Women, Infants, and Children (WIC) Referrals
- **Member Benefits**
 - Anthem Rewards
 - Value Added Benefits
 - Anthem Medicaid App



Provider incentives

Smoking Cessation Provider Incentive Program

Anthem recognizes the unique challenges Providers experience while caring for our members, and we appreciate the quality of care consistently offered by so many of our Providers.

In recognition of these efforts, Anthem is offering the Smoking Cessation Provider Incentive Program (SCPIP). Anthem has designed SCPIP to encourage providers to provide smoking/tobacco cessation counseling to Members who use tobacco, including referring them to Indiana's Tobacco Quitline.

Smoking Cessation Provider Incentive Program (cont.)

SCPIP will offer an incentive on paid professional claims, in addition to the reimbursable amount for the service, to providers who:

1. Provide members who use tobacco with intensive smoking/tobacco cessation counseling for greater than 10 minutes.
2. Submit code 4004F in addition to CPT® code 99407 — *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes*, and a Primary ICD-10-CM diagnosis code of F17.200-F17.299.

Smoking Cessation Provider Incentive Program (cont.)

The table below shows the Incentive Payment amount for each eligible occurrence and the Incentive Eligibility Frequency for each Performance Indicator.

Performance Indicator	Incentive Payment (for each eligible occurrence)	Incentive Eligibility Frequency
4004F and appropriate diagnosis code*	\$20	This additional incentive can be paid once every calendar year per unique Member

* The 4004F is billed in addition to 99407.

Smoking Cessation Provider Incentive Program (cont.)

SCPIP Incentive Payment

- Payments are made to Providers with payment of the applicable claim.

Program Changes

- Anthem reviews program components on an annual basis and updates them as necessary to ensure industrywide, evidence-based information is used to measure and incentivize Providers.
- Anthem reserves the right to modify or amend the program at any time at its discretion.
- Anthem may terminate this program at any time. If Anthem terminates this program, Anthem is responsible for payment of eligible SCPIP incentives earned by the Provider up to the date of termination of the program.

Notification of Pregnancy (NOP)

- Early prenatal care can address potential health risks that contribute to poor birth outcomes.
- Earlier enrollment of pregnant members in Medicaid case management programs is associated with better birth outcomes.
- The Family and Social Services Administration (FSSA) data shows that some low-income pregnant women do not seek prenatal services in the earliest stages of pregnancy, which often leads to untreated health risks.
- The FSSA Neonatal Quality Committee, made up of Indiana health professionals, has identified early prenatal care and the identification of health-risk factors of expectant mothers as an area of focus.

Notification of Pregnancy (NOP) (cont.)

- Within managed care programs, the FSSA uses the Notification of Pregnancy (NOP) form to improve the identification of health-risk factors of expectant mothers as early as the first trimester of pregnancy.
- NOPs can be completed at any time during the managed care member's pregnancy, preferably during the initial visit, to document and monitor pregnancy conditions.
- If a managed care member's normal pregnancy becomes high-risk providers should use the NOP to document the change.

Notification of Pregnancy (NOP) (cont.)

Providers may receive \$60 for one NOP per managed care member, per pregnancy

The following requirements must be met for a provider to be eligible for reimbursement for submitting an NOP:

- The NOP must be submitted via the [Provider Healthcare Portal](#) no more than five calendar days from the date of the office visit on which the NOP is based.
- The member's pregnancy must be less than 30 weeks' gestation at the time of the office visit on which the NOP is based.
- The member must be enrolled with a managed care entity (MCE), including pregnant members enrolled in an MCE through Hoosier Healthwise, Healthy Indiana Plan (HIP) and Hoosier Care Connect.
- The NOP cannot be a duplicate of a previously submitted NOP.

Submitting a Notification of Pregnancy

Enrolled providers complete and submit the NOP electronically using the Provider Healthcare Portal. After logging in, complete the following steps:

1. Select the Eligibility tab to verify the member's eligibility.
2. In the Eligibility Verification Request panel, enter any of the following three search criteria for the member: Member ID, Social Security number (SSN) and birth date, last name, first name, and birth date.
3. Enter a date or date range for the inquiry. If no date is entered in the Effective From field, the system defaults to the current date.
4. Select Submit.

Submitting a Notification of Pregnancy (cont.)

5. In the Coverage column of the Eligibility Verification Information panel, click the link for the member's managed care plan to access the Coverage Details page.
6. Click the [+] to expand the Managed Care Assignment Details panel and then click Enter NOP to begin the process of completing the NOP online. (The option to print a blank NOP is also available; however, note that only NOPs submitted online are reimbursable.).

Managed Care Assignment Details			
Managed Care Program		Primary Medical Provider	Provider Phone
Healthy Indiana Plan Managed Care			
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
01/13/2020	01/13/2020	MANAGED HEALTH SERVICES - HIP	1-877-647-4848
Enter NOP		Print Blank NOP	

Submitting a Notification of Pregnancy (cont.)

7. Complete all information on the NOP form. An asterisk (*) indicates a required field.
8. Select Submit to submit the NOP.
9. The Portal checks for potential duplicate NOPs. If a duplicate is identified, the recognized provider is asked to provide a reason why the new NOP is not a duplicate. The recognized provider can choose from three reasons related to the prior pregnancy:
 - Member abortion
 - Member preterm delivery
 - Member miscarriage
10. The provider can continue the process without identifying a reason; however, the duplicate NOP will not be reimbursed.
11. After submitting the NOP, click Print NOP to print the completed NOP for documentation purposes, or click Close to close the window without printing.

Billing for Submitted NOPs

Use CPT® code 99354 with modifier TH:

- 99354 – Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service, first hour (list separately)
- TH – Obstetrical treatment/services, prenatal or postpartum

The date of service on the NOP claim should be the date the provider completed the risk assessment during a visit with the pregnant members.

Screening, Brief Intervention and Referral to Treatment (SBIRT) Provider Incentive program

In recognition of these efforts, Anthem offers the SBIRT Provider Incentive Program (SBIRTPIP).

Anthem has designed SBIRTPIP to encourage Providers to screen and deliver early intervention services for risky substance users and submit the appropriate CPT code on their claim.

Screening, Brief Intervention and Referral to Treatment (SBIRT) Provider Incentive program (cont.)

The table below shows the Incentive Payment amount for each eligible occurrence and the Incentive Eligibility Frequency for each Performance Indicator.

Performance Indicator	Incentive Payment	Incentive Eligibility Frequency
CPT code 99408 or 99409	\$20 for each eligible occurrence	This additional incentive can be paid once per calendar year per unique member.

Payments are made to providers with payment of the applicable claim.

Health Needs Screening Provider Incentive Program

What is the Health Needs Screening (HNS)?

- A 13-question survey for all newly eligible members, required by the state for each **new** member within 90 days of enrollment.
- Anthem uses HNS answers to trigger case management engagement when appropriate.
- The answers to the initial 13 questions may trigger secondary screening questions; the secondary answers will further stratify members to the appropriate level of care management services.
- Members are given Anthem incentives via a digital barcode that can be used at Wal-Mart, CVS,* Dollar General, and Family Dollar.

Health Needs Screening Provider Incentive Program

- The HNS must be completed by the PMP:
 - In the office.
 - On the day of the visit.

Health Needs Screening Provider Incentive Program (cont.).

Performance Indicator	Incentive Payment	Incentive Eligibility Frequency
HNS completions will be tracked by obtaining the number of HNS completed with provider online at https://hns.anthem.com . During completion of the HNS: The provider or designee must choose that the HNS was completed by an Anthem representative and the provider or designee must choose the Anthem unit represented is Provider/Provider Office.	\$20 per eligible occurrence	Providers are eligible for the Incentive Payment once per unique Eligible Member upon completion of the HNS in the provider's office.



Maternal Services

Pregnancy care

New Baby, New Life

Healthy pregnancy education materials

My Advocate[®]

MyAdvocateHelps.com helps you find the resources you need

Text4baby

Free health text messaging service

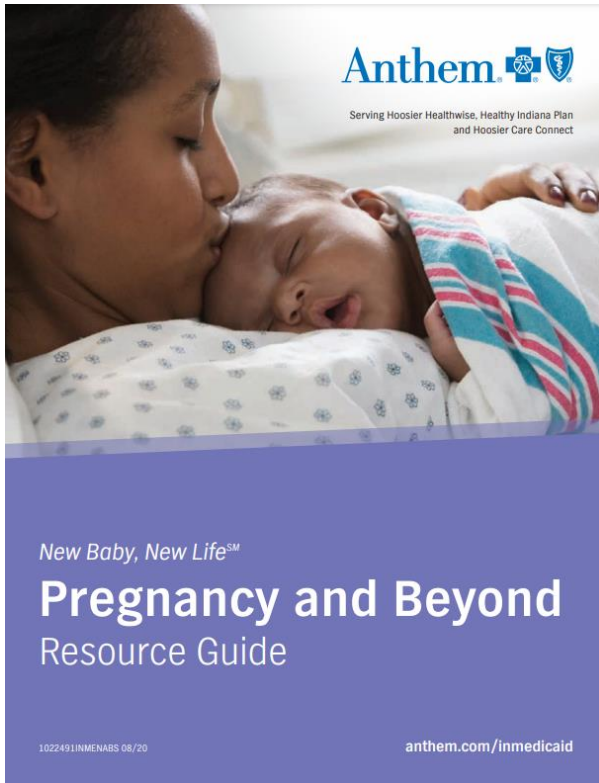
Baby and Me Tobacco Free[®]

Smoking cessation program

Baby showers

Events to educate pregnant women

New Baby, New Life



- New Baby, New Life is a proactive case management program for all expectant mothers and their newborns. It identifies pregnant members as early in their pregnancies as possible through review of state enrollment files, claims data, hospital census reports, provider notification of pregnancy, delivery notification forms and self-referrals. Once pregnant members are identified, we act quickly to assess obstetrical risk and ensure appropriate levels of care and case management services to mitigate risk.
- Experienced case managers work with members and providers to establish a care plan for our highest risk pregnant members.

New Baby, New Life (cont.)

We are committed to keeping both mom and baby healthy. That's why we encourage all of our moms-to-be to take part in our New Baby, New Life program — a comprehensive case management and care coordination program offering:

- Individualized, one-on-one case management support for members at the highest risk
- Care coordination for moms who may need a little extra support
- Educational materials and information on community resources
- Incentives to keep up with prenatal and postpartum checkups and well-child visits after the baby is born

New Baby, New Life (cont.)

As part of the New Baby, New Life program, members are offered the My Advocate program. This program provides pregnant members proactive, culturally appropriate outreach and education through Interactive Voice Response (IVR), web or smart phone application.

It serves as a supplementary tool to extend our health education reach. The goal of the expanded outreach is to identify pregnant members who have become high-risk, to facilitate connections between them and our case managers and improve member and baby outcomes.

Eligible members receive regular calls with tailored content from a voice personality (Mary Beth). For more information on My Advocate visit www.myadvocatehelps.com.

New Baby New Life (cont.)

How can providers help?

- Perform an Eligibility and Benefits request on a member and choose one of the following benefit service types: maternity, obstetrical, gynecological, obstetrical/gynecological.
- Before you see the benefit results screen you will be asked if the member is pregnant and given a yes or no option. If you indicate yes you will be asked what the estimated due date is and can fill that date out if you have an estimate or leave it blank if you do not.
- After you submit your answer, you will be taken to the benefits page like normal. In the background a Maternity Module will have been generated for this patient in the maternity application in the Payer Spaces for the Anthem plan.

Neonatal Intensive Care Unit (NICU) Case Management Program

The NICU Case Management program is committed to ensuring that all of our high-risk infants have a well-defined plan for quality and cost effective NICU care and, when ready, a safe and successful transition to the home environment. We provide a seamless, integrated approach, including early identification of members for NICU Case Management and continued oversight through case closure.

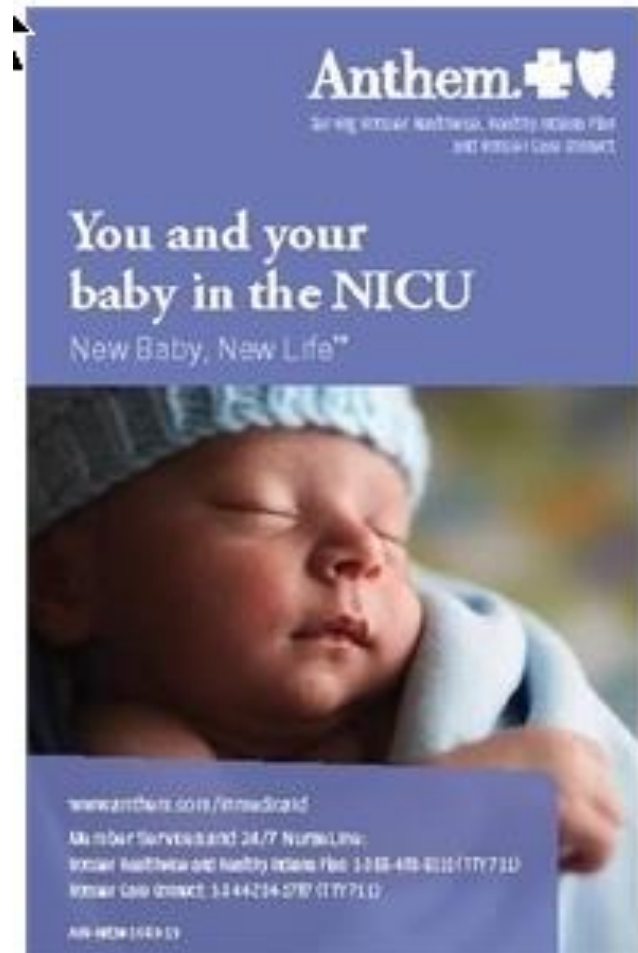
Neonatal Intensive Care Unit (NICU) Case Management Program (cont.)

Our NICU Case Management program encourages parental involvement in their infant's care while hospitalized in the NICU. We focus on parents of infants expected to be in the hospital greater than two weeks who were born:

- At 34 or fewer weeks' gestation
- Weighing 2000 grams or less
- With major congenital anomalies
- Require ventilator care or
- Require major surgery.

Neonatal Intensive Care Unit (NICU) Case Management Program (cont.)

We provide NICU parents with the *You and Your Baby in the NICU* booklet, which includes materials and support designed to help them cope with the day-to-day stress of having a baby in the NICU, teaches them about staying involved in the care of their babies, and helps them prepare themselves and their homes for discharge.



Neonatal Intensive Care Unit (NICU) Case Management Program (cont.)

The stress of having a critically ill infant in the Neonatal Intensive Care Unit can potentially result in Posttraumatic Stress Disorder (PTSD) symptoms among parents and loved ones. In an effort to reduce the impact of PTSD among our members, we assist by:

- Guiding parent(s) into hospital-based support programs, if available, as well as to target support services and referrals to providers.
- Screening parent(s) for PTSD approximately one month after the date of birth.
- Referring parent(s) to behavioral health program resources, if indicated.
- Reconnecting with families with a one-month follow-up call to assess if the parent(s) received benefit from initial contact and PTSD awareness.

Breastfeeding Support Tools and Services

The American Academy of Pediatrics, the American College of Obstetrics and Gynecology, and the American Public Health Association recognize breastfeeding as the preferred method of infant feeding. Providers should encourage breastfeeding for all pregnant members unless it is not medically appropriate.

To support this goal, we ask providers to:

- Assess all pregnant members for health risks that are contraindications to breastfeeding, such as HIV/AIDS and active tuberculosis.
- Provide breastfeeding counseling and support to all breastfeeding postpartum members immediately after delivery.
- Assess postpartum members to determine the need for lactation durable medical equipment such as breast pumps and breast pump kits.

Breastfeeding Support Tools and Services (cont.)

- Document all referrals and treatments related to breastfeeding in the member's medical record. (Pediatricians should document frequency and duration of breastfeeding in baby's medical record.)
- Refer members to prenatal classes prior to delivery by calling the number on the back of member's ID card.
- Refer pregnant and postpartum members to 24/7 NurseLine for information, support and referrals: **866-408-6131** (Hoosier Healthwise, HIP) or **844-284-1797** (Hoosier Care Connect)
- Refer pregnant members to community resources that support breastfeeding such as Women, Infants and Children (WIC) at **800-522-0874**.
- Support continued breastfeeding during the postpartum visit.

Breastfeeding Support Tools and Services (cont.)

Our case managers are here to help you.

- If you have a member in your care that would benefit from case management, please call us at **866-902-1690**.
- Members can also call our 24-hour NurseLine:

Hoosier Healthwise and HIP	866-408-6131
Hoosier Care Connect	844-284-1797

WIC Referrals

- WIC program provides healthy food to pregnant women and mothers of young children.
- Providers have the following responsibilities for WIC program referrals:
 - Complete the WIC Program Referral Form that documents the following information:
 - Anthropometric data: height, current weight, pregravid weight
 - Any current medical conditions
 - Biochemical data: hemoglobin, hematocrit
 - Expected Date of Delivery (EDD)
 - Provide member with completed referral form to be presented at the local WIC agency Contact Indiana WIC at **800-522-0874**. Visit <https://www.in.gov/isdh/19691.htm> for the *WIC Program Referral Form*.

Value-added benefits



Hoosier Care Connect

- \$75 in healthy lifestyle aids
- \$50 in exercise equipment
- \$100 in gas cards for members in rural areas
- \$75 in enhanced vision benefits
- Up to \$200 of asthma and allergy relief products
- Gift cards to start an INvestABLE bank account to help save money
- Tutoring assistance to help with grades and educational success
 - *for members who are current/former foster care receiving adoption assistance or wards of the state
- Medical alert jewelry for conditions like diabetes or high blood pressure
- Caregiver toolkits

Hoosier Care Connect and HIP

- Gym membership or home fitness kit
- WW membership (formerly Weight Watchers).*
- High school equivalency assistance to cover the cost of testing to help members succeed.
- Skills training and job search tool through our Jump Start program.

* Hoosier Care Connect and HIP Plus members only

Hoosier Care Connect and Hoosier Healthwise

- Boys & Girls Club membership for youth ages 5 to 18
 - Memberships for positive development to keep children socially and emotionally connected.
- \$50 for students ages 5 to 18 to purchase school-related products

HIP and Hoosier Healthwise

- Hypoallergenic bedding or air filters
- No cost pregnancy tests with prescription
 - Walmart Equate brand or CVS brand
- Home delivered meals for 5 days following a hospital visit
- Subscriptions to Parents and Eating Well magazines

HIP, Hoosier Healthwise and Hoosier Care Connect

- Extra Minutes for SafeLink phone
- Rides to doctor's offices*, pharmacy after a doctor visit, WIC, and renewal visits
- Personal Hygiene kit to help with dental and body care
- Community Resource Link online at <https://providers.anthem.com/in> under the Support tab and choose Community Support

* All plans cover at least 20 one-way trips for medical visits.

Anthem rewards

- At Anthem, we want our members to be as healthy as they can. Great health starts with preventive care. Their health is so important, we want to reward them for it.

There are many types of care members can get to earn incentives through our **Anthem Rewards program**.

- We send texts and emails to let members know which incentives apply to them!

Anthem rewards (cont.)

- **Well-baby Visits: \$50**
 - Babies until 15 months old with six or more well-child visits
 - Children 15 to 30 Months old with two or more well-child visits
- **Annual child/adolescent well visit: \$20**
 - Ages 3-20
 - Yearly preventive visit
- **Adult preventive visit: \$20**
 - Adults ages 21 through 64
 - Yearly preventive visit with their PMP

Anthem rewards (cont.)

- **Asthma medication refills: \$20/quarter up to 2 quarters per year**
 - Members ages 5 to 64
 - Medication adherence to show control of asthma and participation in care management
- **Diabetic Retinal eye exam: \$20**
 - Members with diabetes age 18 to 75
 - A retinal or dilated eye exam by an optometrist or ophthalmologist each year
- **Early prenatal care: \$25**
 - Members who are pregnant age 14 to 54
 - Completion of a prenatal visit in the first trimester or within 42 days of enrollment

Anthem rewards (cont.)

- **Postpartum Care: \$20**
 - Members who have recently delivered a baby
 - Attend postpartum visit 7 to 84 days after delivery
- **Follow-up after mental illness: \$20**
 - Members 6 and up
 - Complete a follow-up visit 1 to 7 days after discharge from an inpatient mental illness stay
- **HIV+: \$20/quarter up to 2 quarters per year**
 - Members with HIV that are engaged with care/disease management
 - Enrollment in the Anthem HIV care/disease management program AND completed prescription fills, along with viral load testing results under a threshold of 200 copies/mL

Anthem rewards (cont.)

- **Smoking cessation - initiation: \$20**
 - Members who smoke and engage with the Indiana Tobacco Quitline
 - Start the tobacco cessation program
- **Smoking cessation - completion: \$20**
 - Members who smoke and engage with the Indiana Tobacco Quitline
 - Complete the tobacco cessation program
- **Substance use disorder \$10/visit, up to \$100/year**
 - Members with identified substance use disorder
 - Complete intensive outpatient therapy

Anthem rewards (cont.)

- **Qualifications**

- Members must have Medicaid as their primary insurance
- Must be an eligible Anthem member at the time the reward is used
- Must use only at participating retailers like Giant Eagle, Walmart, CVS and Family Dollar Stores
- The purchase of alcohol, tobacco, e-cigarettes, firearms or prescription drugs is not allowed
- Members must have a valid email address

For more information visit the Anthem Rewards page on our website at <https://mss.anthem.com/in/benefits/anthem-rewards.html>.

Blue Ticket to Health

- We partnered with the Indianapolis Colts for Blue Ticket to Health as a way to help members stay healthy. And be a winner!
- All members have to do is get their annual wellness checkup, and they'll automatically be entered for a chance to win prizes like game tickets and various Colts merchandise.
 - Members can call Member Services if they need help setting up their checkup.
 - Available for all Anthem members ages 3 and up.



Anthem Medicaid App

- With the Anthem Medicaid mobile app, members can:
 - Log in easily and securely
 - Find a doctor, hospital, pharmacy or specialist that serves their plan.
 - Always have their member ID card with them to view.
 - Check symptoms with our symptom checker.
 - Call a registered nurse (RN) to talk in private about their health anytime, day or night.
 - View claims (if applicable to their plan).
 - Manage prescriptions.



Provider Experience Map

Physical health Provider Experience managers

- **Zone 1/Beacon Health Systems**
 Jessi Earls
 Jessica.Wilkerson-Earls@anthem.com
 317-452-2568
- **Zone 2/Ascension St. Vincent**
 Angelique Jones
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 317-619-9241
- **Zone 3**
 Jamaal Wade
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 317-409-7209
- **Zone 4/Deaconess**
 Jonathan Hedrick
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 317-601-9474
- **Zone 5/Parkview**
 David Tudor
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 317-447-7008
- **Zone 6/IU Health; St. Joseph Regional Medical Health Center; Home Health and Hospice**
 Matt Swingendorf
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 317-306-0077
- **Zone 7/Baptist Health**
 Sophia Brown
 Sophia.Brown@anthem.com
 317-775-9528
- **Zone 8/Eskenazi**
 Marvin Davis
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 317-501-7251
- **Zone 9/Out-of-state providers, Franciscan, Community Health Network**
 Nicole Bouye
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 317-517-8862



Statewide behavioral health (BH) subject matter experts (SME)

Acute hospitals

Tish Jones, Provider Experience Manager
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 317-617-9481

Community mental health centers/federally qualified health centers/rural health clinics

Matthew McGarry, Provider Experience Manager
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 463-202-3579

Substance use disorder (SUD)/Opioid treatment program (OTP)

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 317-618-2170

SME — SUD/OTP

Michele Weaver, Provider Experience Manager
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Solo BH and applied behavior analysis providers

Zones 1, 2, 5, 6

Ashley Holmes
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Zones 3, 4, 7, 8

Whitney McTush
 Whitney.McTush@anthem.com
 317-519-1089

Questions





Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

* CVS is an independent company providing pharmacy services on behalf of Anthem Blue Cross and Blue Shield.

www.anthem.com/inmedicaidoc

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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